

## Retail Food Establishment Inspection Report

## Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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|--|-------------|----------|--|--|---------------------------------------|----------------|-------------|--|
| Establishm   | ent Name    | a l      | 1-A-Step #53   | Telephone Number 8/2-923-0190                    | Date of In<br>(mm/dd/y                | spection<br>r) | PERMIT#     |  |
| Establishment Address (number and street, city, state, zip code)   |             |          |  | ·  | 911                                   | 10             | ' ' ~       |  |
| 3693   | Pa          | oli.     | Pike Floyds Knows, IN 47/19  | 812-945-3096                                     | 1-16                                  | -19            | 259         |  |
| Owner  | losep       | 6        | Pierce   | Purpose: 1. Routine                              | Follow-up Release Date                |                |             |  |
| Owner's A  |             | - (      |  | 1  | · · · · · · · · · · · · · · · · · · · |                |             |  |
| 610 Pi   | ouido       | n/e      | way Clarksville, IN 47129  | 2. Follow-up Summary of Violations; 3. Complaint |                                       |                |             |  |
| Person in C  | Charge<br>~ | Lei      | any McShanp  | 4. Pre-Operational                               | C <u> </u>                            | C D NC Z R Z   |             |  |
| Responsibl   | e Person's  | E-ma     | il   | 5. Temporary                                     | Menu Type (See back of page)          |                |             |  |
|  |             |          |  | 6. HACCP 7. Other (list)                         |                                       |                |             |  |
| Certified F  | ood Manaş   | ger<br>V | blia Hall 1-9-24   | 7. Other (list)                                  | 12                                    | 3 1            | _45         |  |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  |             |          |  |  |                                       |                |             |  |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" |             |          |  |  |                                       |                |             |  |
| Section#   | C/NC        | R        | Narrative  |  | To Be Corrected By                    |                |             |  |
| 392  | NC          |          | Observed dumpster lid open.  |  |                                       | CON            | ected       |  |
| 394  | NC          |          | Observed dumpster lid open. Corrected Observed scattered trash in dumpster Corrected |  |                                       |                |             |  |
|  |             |          | Corral   |  |                                       |                |             |  |
|  |             | İ        |  |  |                                       |                | *           |  |
| :  |             |          | - Est is no longe regu   | ind to Keen                                      | •                                     |                |             |  |
| :  |             |          | - Est is no longe required to keep<br>temp log on island.                            |  |                                       |                |             |  |
| :  |             |          |  |  |                                       |                |             |  |
|  |             |          |  |  | <u>.</u>                              |                |             |  |
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|  |             |          |  | <u>.</u>   |                                       |                |             |  |
|  |             |          |  | <u> </u>   |                                       |                |             |  |
|  |             | <u> </u> |  |  |                                       |                |             |  |
|  |             |          | -  |  |                                       |                |             |  |
|  |             |          |  |  |                                       |                |             |  |
|  |             |          |  | ·  |                                       |                |             |  |
|  |             |          |  |  |                                       |                |             |  |
| Received by (name and title printed):  Inspected by (name and title printed):  |             |          |  |  |                                       |                |             |  |
| (Jarma L. Bland, Clerk Thomas Sniter, EHS  |             |          |  |  |                                       |                |             |  |
| Received by (signature):   |             |          |  |  |                                       |                |             |  |
| Varma & Bland Home   |             |          |  |  |                                       |                |             |  |
| CC:  |             | _        | сс:  |  | cc;                                   |                |             |  |